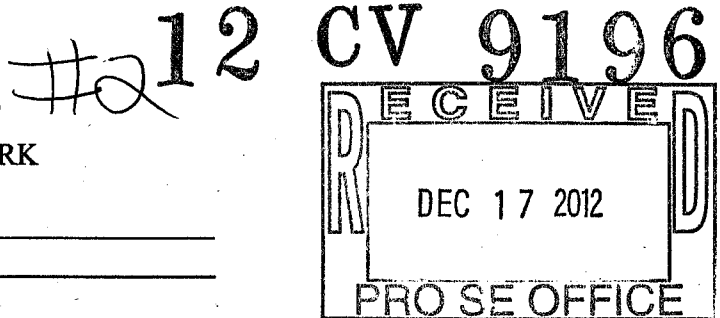


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK



Paul Rembert

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Kevin Cheverko Commissioner of the
Westchester County Department of
Corrections. The Westchester County
Department of Corrections. Correct
Care Solutions

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Paul Rembert
ID # 10829
Current Institution Westchester County Department of Corrections
Address 10 Woods Road P.O. Box 10 Valhalla, New York 10595

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Kevin Cheverko Shield # _____
Where Currently Employed Westchester County Department Corr
Address 10 Woods Road Valhalla, New York 10595

Defendant No. 2 Westchester County Department
Name of Correction Shield # _____
Where Currently Employed Westchester County Department of Corr
Address 10 Woods Road Valhalla, New York 10595

Defendant No. 3 Name Correct Care Solutions Shield # _____
Where Currently Employed Westchester County Department of Corr
Address 10 Woods Road Valhalla, New York 10595

Defendant No. 4 Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 5 Name _____ Shield # _____
Where Currently Employed _____
Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?
The Westchester County Department of Correction

B. Where in the institution did the events giving rise to your claim(s) occur?
2nd Floor Law Library in the New Jail.

C. What date and approximate time did the events giving rise to your claim(s) occur?
February 29th 2012 at around 10am.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

D. Facts: Back in February of 2012 I Paul Rembert was working in the New Jail Law Library on the 2nd floor when an Inmate by the name of Trever Brydel who at the time was a Parole violator attacked me because I wouldn't make him free copies of his paperwork. In the fight we fell to the floor and that's when I broke my left wrist. I gave a written statement about what took place and stated in the statement that I wanted to press charges. As the months went by I started having pain in my left wrist, I then put in a sick call slip in the month of September of 2012, a exray was ordered that showed my left wrist was in fact broken. I was told by the medical staff that I will be seeing a orthopedic doctor soon. Some weeks went by and I filed a in the month of October on the Medical Department that came back with I'll be seeing a doctor on November 27th 2012 however I was seen sooner and told that I need to have surgery on my wrist. That was told to me on November 21st 2012, it is now December 10th and still I haven't had any required medical attention I'm in pain all day and night and all I'm given is Advill for a broken bone.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I was bitten in 3 places and was given a protection injection for the bites. I broke my left wrist and was given an exray and one session of physical therapy and a ace bandage.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes X No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

The Westchester County Department of Correction

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes X No ____ Do Not Know ____

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No ____ Do Not Know X

If YES, which claim(s)? _____

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes X No ____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No ____

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

The Westchester County Jail

1. Which claim(s) in this complaint did you grieve? My wrist being broken and being in need to see a doctor.

2. What was the result, if any? I'm still waiting for surgery.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. No appeal was taken because I was seen by a doctor who told me I need surgery back in November.

- F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I am asking the Court to order this Department of Correction to have my wrist repaired. I'm asking for \$100,000.00 for pain and suffering for such a long time, and for putting Trever Brydel on the 2nd floor when they know he belongs in a mental health unit here at the jail and because he is a Parole violator and I am a unsentenced Inmate, there's no reason why we are mixed together having different classifications.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ____ No X

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ____ No X

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 10 day of December, 2012

Signature of Plaintiff

Inmate Number

10829

Institution Address

Westchester County Jail

P.O. Box 10

Valhalla, New York

10595

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 10 day of December, 2012 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Paul Berbert

Paul Rembert
Westchester County Jail
P.O. Box 10
Valhalla, New York
10595

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COUNTY PRO SE OFFICE
2012 DEC 17 A 11:57



United States District Court,
Southern District of New York
For the Southern District of New York
Daniel Patrick Moynihan
Pro Se Office
500 Pearl Street, Room 230
New York, New York 10007

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Legal Mail

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